



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Hum  
Div of Environmental Hea  
(207) 287-5872 FAX (20

Date: 12/18/15

<b>PROPERTY LOCATION</b>		<b>&gt;&gt;CAUTION: LPI APPROVAL REQUIRED&lt;&lt;</b>	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	Town/City	PORTLAND
Street or Road	61 UPPER A STREET	Permit #	201503032
Subdivision, Lot #	087 11032001	Date Permit Issued	Fee \$ 265.00
<b>OWNER/APPLICANT INFORMATION</b>		Double Fee Charged [ ]	
Name (last, first, MI)	FLYNN WILLIAM	Local Plumbing Inspector Signature	
Mailing Address of Owner/Applicant	C/O LIONEL PLANTE ASSOC.	LPI #	
Daytime Tel. #	766-2508	Municipal Tax Map # 87 Lot # 11032	

<b>OWNER OR APPLICANT STATEMENT</b>	<b>CAUTION: INSPECTION REQUIRED</b>
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
<i>Donald M. Mulhern</i> Signature of Owner/Applicant <b>LPA Inc</b>	<i>John Jay</i> Local Plumbing Inspector Signature
12/14/15 Date	See attached affidavit (1st) Date Approved 2/4/16 (2nd) Date Approved

<b>PERMIT INFORMATION</b>		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <b>TRENCH</b> Year Installed: <b>PRE-1974</b> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-Engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000gpd+) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: <input type="checkbox"/> 12. Miscellaneous components
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
13,500 <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <b>3</b> <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other:
<b>SHORELAND ZONING</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <b>1000</b> GAL	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: <b>960</b> sq. ft. <input type="checkbox"/> lin. ft. <b>20 ELJEN GSF UNITS</b>	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on tank outlet	<b>270</b> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities  <b>3 BEDROOMS AT 90 GALLONS PER DAY EACH = 270 GPD</b>
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	<b>LATITUDE AND LONGITUDE</b>
PROFILE CONDITION <b>12 / AIII/C</b> at Observation Hole # <b>TP 1</b> Depth <b>16</b> " of Most Limiting Soil Factor	<input type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq.ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq.ft./gpd <input type="checkbox"/> 4. Extra-Large - 5.0 sq.ft./gpd	<input checked="" type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA at center of disposal area Lat. <b>43</b> d <b>39</b> m <b>27</b> s Lon. <b>70</b> d <b>11</b> m <b>32</b> s If g.p.s., state margin of error

<b>SITE EVALUATOR STATEMENT</b>		
I Certify that on <b>8-19-15</b> (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A/CMR 241).		
<i>Albert Frick</i> Site Evaluator Signature	63 SE #	<b>9/11/2015</b> Date
<b>ALBERT FRICK</b> Site Evaluator Name Printed	<b>(207) 839-5563</b> Telephone Number	<b>ALBERT@ALBERTFRICK.COM</b> E-mail Address
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563		
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator		

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station  
 (207) 287-5672 FAX (207) 287-5673



Town, City, Plantation  
**PORTLAND, PEAKS ISLAND**

Street, Road Subdivision  
**4 UPPER A STREET**

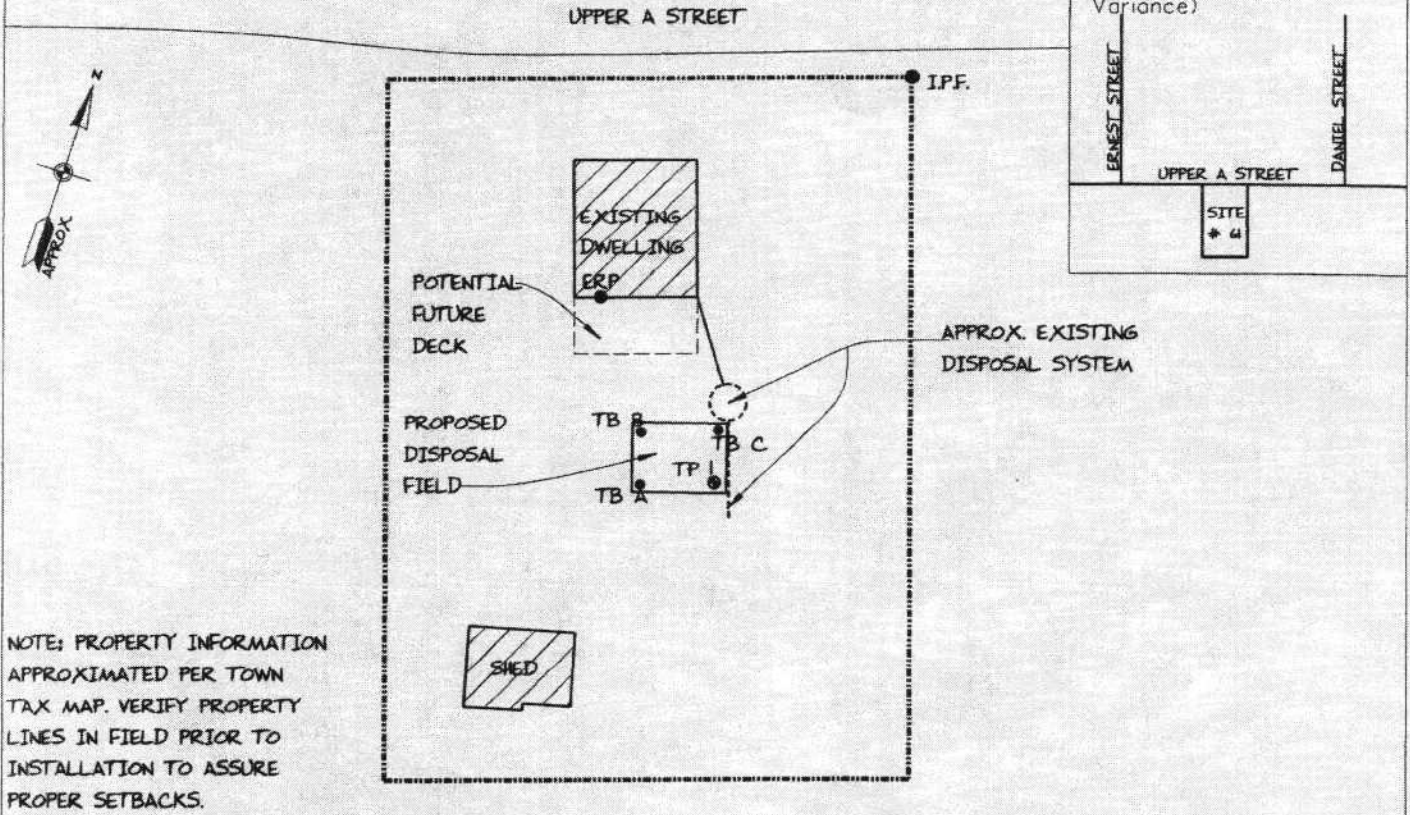
Owner's Name  
**WILLIAM FLYNN**

Inspection Division  
 Date: 12/18/15

SITE PLAN

Scale 1" = 40 Ft.  
 or as shown

SITE LOCATION PLAN  
 (Attach Map from Maine Atlas for New System Variance)



NOTE: PROPERTY INFORMATION APPROXIMATED PER TOWN TAX MAP. VERIFY PROPERTY LINES IN FIELD PRIOR TO INSTALLATION TO ASSURE PROPER SETBACKS.

## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP I  Test Pit  Boring  
 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
0-10	SANDY LOAM (FILL)		MIXED BROWN	
10-20		FRIABLE		
20-30	LOAMY SAND		OLIVE BROWN	FEW DISTINCT
30-50		REFUSAL		

Soil Classification: 12 Profile AIII/C Condition  
 Slope: 4-7%  
 Limiting Factor: 16"  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Observation Hole TB A-C  Test Pit  Boring  
 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
0-20				
20-36				
36-50				

Soil Classification: Profile Condition  
 Slope: %  
 Limiting Factor: "  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

TB A = 28" TO BEDROCK  
 TB B = 36" + TO BEDROCK  
 TB C = 36" + TO BEDROCK

*Albert Frick*  
 Site Evaluator Signature

163  
 SE

9/11/2015  
 Date

Page 2 of 3  
 HHE-200 Rev. 10/02



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Stal  
(207) 287-5672 FAX (207) 287-5673

Inspections Division

Town, City, Plantation  
**PORTLAND, PEAKS ISLAND**

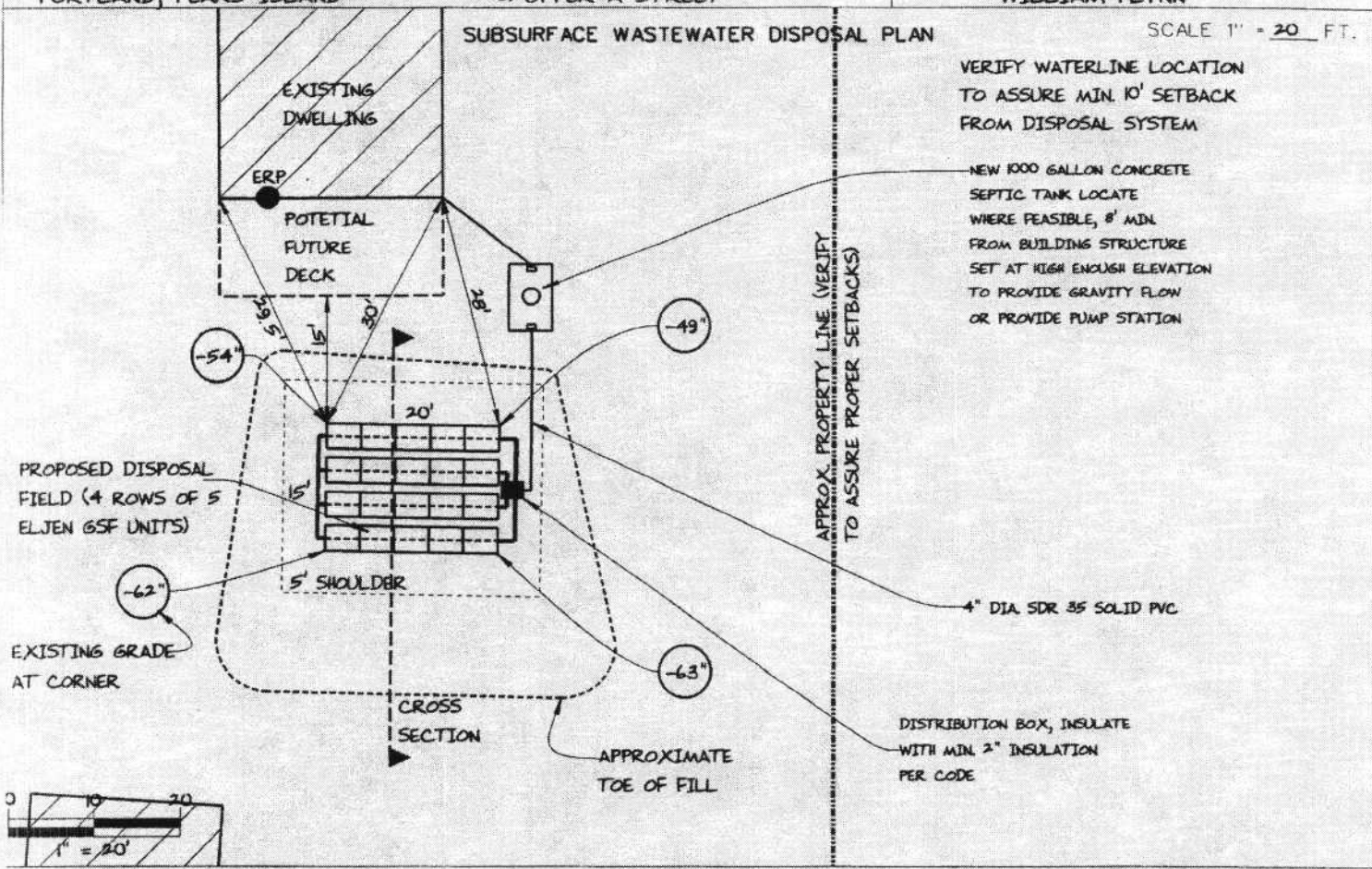
Street, Road, Subdivision  
**61 UPPER A STREET**

Owner's Name  
**WILLIAM FLYNN**

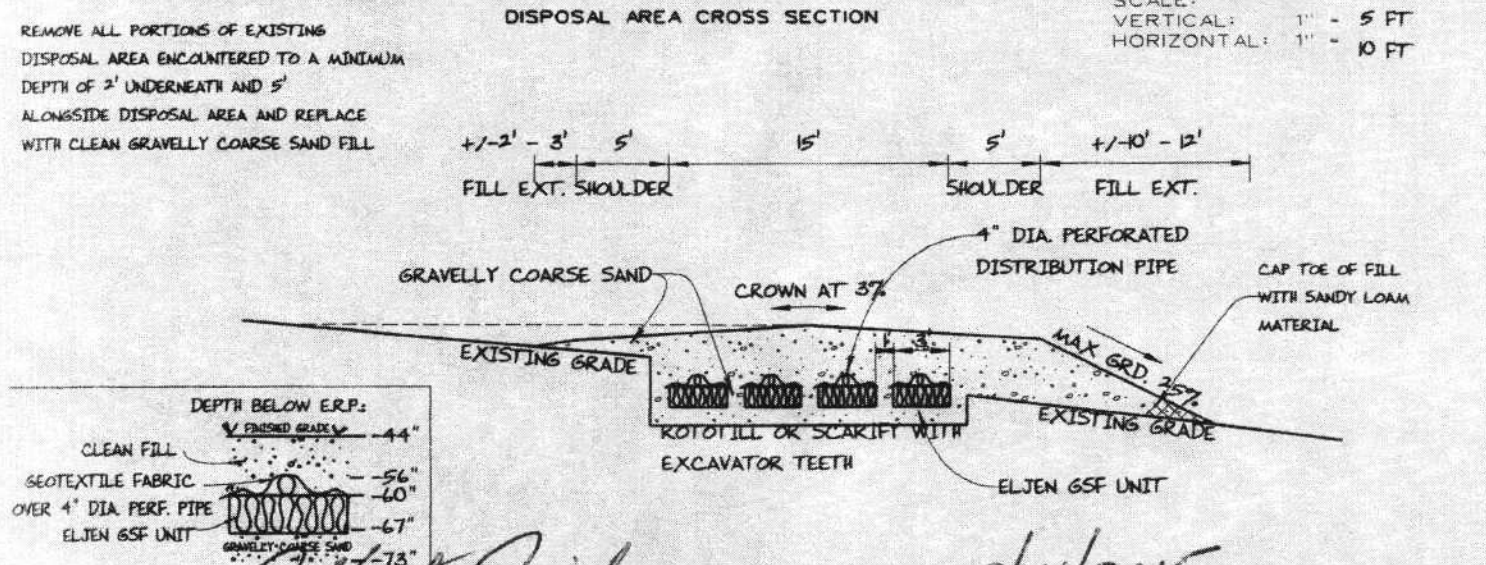
Date: **12/18/15**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	: 5" - 10"	Finished Grade Elevation	SEE DETAIL BELOW	Location & Description TOP OF	ALUMINUM DOOR SILL, 34" ABOVE GRADE
Depth of Fill (Downslope)	: 18" - 19"	Top of Distribution Pipe or Proprietary Device	SEE DETAIL BELOW	Reference Elevation is: 0.0" or -----	
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Area		SCALE:	
				VERTICAL:	1" = 5 FT
				HORIZONTAL:	1" = 10 FT



*Albert Frick*  
Site Evaluator Signature

163  
SE

9/11/2015  
Date